



Alaska HIV Prevention Planning Group

Membership Application Form

Please type your responses or print clearly.

Confidentiality: All efforts will be made to keep information shared by applicants and participants confidential. Completed applications are reviewed only by the Planning Group and not shared with the public. Applications from applicants who are not selected to serve on the Planning Group will be shredded.

Representation: The Alaska HIV Prevention Planning Group (HPPG) is made up of people from the populations most affected by HIV. The HPPG seeks members who bring to the table different kinds of expertise including direct life experience. We also look for participants who have a background in behavioral or social science, health planning or evaluation. In order to assemble a group that reflects this diversity, we ask that you indicate the categories of persons whose perspective you can represent.

PRIMARY REPRESENTATION:

1a. With which group(s) do you identify?

- ☐ Men who have sex with men (MSM)
- ☐ Persons living with HIV
- ☐ Incarcerated individuals
- ☐ High-risk youth at increased risk
- ☐ Injection drug users (IDU)
- ☐ Heterosexual women at increased risk
- ☐ Ethnic minorities, disproportionately impacted by HIV
- ☐ None of the above

1b. Do you have professional training and experience in:

- ☐ Behavioral or social science
- ☐ Health planning or administration
- ☐ Program evaluation
- ☐ None of the above

RELEVANT LIFE EXPERIENCE:

2a. Please check all of the following groups that describe you personally and/or whose perspective you could represent (past or present):

- | | |
|--|--|
| <input type="checkbox"/> Non-gay identified males who have/had sex with other males | <input type="checkbox"/> People who know people living with HIV |
| <input type="checkbox"/> People who have/had a sexually transmitted infection | <input type="checkbox"/> Gay identified males |
| <input type="checkbox"/> People who have been/are physically or emotionally abused | <input type="checkbox"/> Bisexual identified males |
| <input type="checkbox"/> People who use/have used drugs and/or alcohol | <input type="checkbox"/> People who are/were homeless |
| <input type="checkbox"/> People with developmental disabilities | <input type="checkbox"/> People with Hepatitis |
| <input type="checkbox"/> People who share or shared needles and/or syringes | <input type="checkbox"/> Youth 13-24 (present time only) |
| <input type="checkbox"/> People who are/have been sex workers | <input type="checkbox"/> Seasonal (migrant) workers |
| <input type="checkbox"/> People who are/have been the sexual partner of someone who injects drugs | <input type="checkbox"/> People with multiple sex partners |
| <input type="checkbox"/> People who are family members and/or care-givers for people who have or had HIV | <input type="checkbox"/> Transgender persons (exhibit the behavioral characteristics of the opposite gender) |
| <input type="checkbox"/> People who are/have been the sex partner(s) of people living with HIV | <input type="checkbox"/> People who have/had mental illness |
| | <input type="checkbox"/> Ethnic/cultural minorities (please specify) |
| | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

2b. How would you summarize your involvement, experience, or knowledge with any of the issues faced by the groups you selected from the previous list?

3a. Please check all of the fields that apply:

- 3b. Please summarize your experience from the fields you checked above.**

[illegible]

OTHER EXPERTISE:

4a. Please indicate if you have a background or training in any of the following fields.

- | | |
|---|--|
| <input type="checkbox"/> Behavioral Science | <input type="checkbox"/> Reviewing Grant Proposals |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> Other Expertise (specify)
_____ |
| <input type="checkbox"/> HIV Prevention Training/Certification | |
| <input type="checkbox"/> HIV Prevention Community Planning | <input type="checkbox"/> Meeting Facilitation |
| <input type="checkbox"/> HIV Prevention Outreach, Counseling,
or Education | <input type="checkbox"/> Focus Groups/Marketing |
| <input type="checkbox"/> Advisory Boards | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Other Health Issues Planning (specify)
_____ | <input type="checkbox"/> Social Sciences |
| | <input type="checkbox"/> Bachelor Degree (specify)
_____ |
| <input type="checkbox"/> Epidemiology | <input type="checkbox"/> Other Degree (s) (specify)
_____ |

4b. Please summarize your experience.

DEMOGRAPHIC INFORMATION:

5. Please check:

Are you:

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Other _____

Your age:

- ☐ 13 – 24, if under 25, please write your age here _____
- ☐ 25 – 29
- ☐ 30 – 39
- ☐ 40 – 49
- ☐ 50 – over

Your race/ethnicity:

- ☐ Asian
- ☐ Pacific Islander/
Native Hawaiian or Other
- ☐ Hispanic/Latino (a)
- ☐ Alaska Native
- ☐ American Indian
- ☐ White (non-Hispanic)
- ☐ Other _____

Community of residence:

Community of present residence _____ since _____.
(city/town/village) (year)

Other Alaska communities of prior residence (please indicate dates):

Current Employment:

Current Place of Employment: _____

Job Title/Position: _____

REASONS FOR APPLYING:

6a. Why do you want to serve on the HPPG?

6b. What strengths would you bring to the planning group?

REFERENCES:

- 4. Please ask two people who know you to each write a brief, one page or less, reference on your behalf. Please explain to your references what you know about the HPPG and then ask them to share how you would contribute.**
- Please ask each person to provide their name, address, and phone numbers with their references
 - Please collect your references and attach them to your application before sending it in to the Alaska HIV/STD Program

FINAL POINTS:

- 5. Please read each of the following. Check each box to indicate that you understand and sign below. If you have any questions, please call: Mollie Cross, HPPG Coordinator, at the Alaska HIV/STD Program, at 907-269-8027.**
- ☐ I am able to attend three 2-day meetings a year, necessary teleconferences, sub-committee work group meetings, and travel within Alaska to meet the responsibilities of serving on the HPPG. (Travel and lodging expenses to attend HPPG meetings are paid for by the HIV/STD Program.)
 - ☐ If appointed to the HPPG, I am willing to volunteer for a three-year term.
 - ☐ I give permission to share any of the information I have provided in this application with the HPPG membership committee for the purpose of membership selection.

Signature _____

Date _____

CONTACT INFORMATION:

Name: _____

Address: _____

Town and Zip Code: _____

E-mail: _____

Day Phone: _____ Fax: _____

Evening Phone: _____ Fax: _____

Thank you for your time and interest in the Alaska HIV Prevention Planning Group!